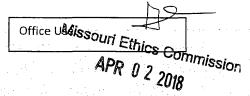


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



Statement Information Date: 03/28/2018		
Type: \square New \blacksquare Amended (if amending, enter MEC ID $\underline{C1}$	41327 & section	changed 2,6
Committee Information Montee for Missouri		
2216 Highly Street, St. Joseph, MO 64500	6	(816) 387-1630 Telephone Number
Official Committee Email Address	County Clerk or Board of Election Commi	issioners
Committee Type: $\ \square$ Campaign $\ \blacksquare$ Candidate $\ \square$ Continuing	(PAC) 🗆 Debt Service 🗆 Ex	ploratory 🔲 Political Party
Treasurer/Deputy Treasurer Information Russell Purvis		
P.O. Box 127, St. Joseph, M) 64502 Treasurer's Mailing Address, City, State, & Zip	Treasurer's Email Address (optional) () Treasurer's Home Telephone Number	(816) 364-1650 Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	nal)
Deputy Treasurer's Mailing Address, City, State, & Zip	() Dep. Treasurer's Home Telephone Numb	Dep. Treasurer's Work Telephone Number
Additional Committee Information		
Additional committee Office's Name & Title III and I	Additional Committee Officer's Mailing A	uddress, City, State, & Zip
Connected Organization's Name (if any)	Connected Organization's Mailing Address	ss, City, State, & Zip
CANDIDATES: Do you have more than one candidate committee Official Bank Account Information (required by all committees		on back) 🔳 No
Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
Candidate Supported or Opposed (candidate committees mus		and the second s
Susan Montee	(816 ₎ 387-1650	_ ()
Name & Mailing Address, City, State & Zip of Candidate 08/04/2020 Statewide Office	Telephone Number (Candidate Committe Democratic	Support
Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
Ballot Measure Supported or Opposed (campaign committees	must complete this section)	
Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
Signature(s) Check certification(s) & sign (required by all com	nmittees)	
■ Laffirm and attest under penalty of perjury that information a further acknowledge that I am aware that any false statement o		